



Central Coast Council

Public Hearing 1: Erina Reclassification Planning Proposal

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Public Hearing Summary

Background and Purpose

Council publicly exhibited a Draft Planning Proposal from February 20 to March 18, 2024. The purpose of the Draft Planning Proposal was to:

- Outline Council's plans to reclassify 13 lots across 10 sites from community to operational – and where relevant extinguish Trusts and encumbrances to allow for the future long-term lease or sale of Council owned land
- For three of the ten sites, to rezone them.

The public was able to provide written submissions directly to Council for any of the ten listed parcels of land. This public exhibition feedback is not included in this report.

As part of the public exhibition, the public was also invited to attend one or both of two public hearings and provide comments/ask questions. The public hearings were conducted to ensure those wanting to speak could register and do so.

This Report summarises Public Hearing 1, where the public could comment on the proposed reclassification of three parcels of Council-owned land from Community Land to Operational Land – and for the proposed rezoning of one of the three sites from RE1 Public Recreation to RE2 Private Recreation.

A second Public Hearing was conducted to receive public comments on seven other properties – this second Hearing is reported separately.

Public Hearing 1 – The Process

This report summarises the first hearing held on Wednesday May 8, 2024, at the Erina Centre, Erina Fair Shopping Centre. This session covered three sites:

- 18 Dane Drive, Gosford
- 49-51 Mann Street, Gosford, and
- 2-4 Park Road, The Entrance (2 lots)

58 members of the public attended Public Hearing 1, 18 registered to speak, with only 1 addressing all 3 sites.

Participants were mostly members/users of the Gosford City Bowling Club, which is located at 18 Dane Drive, Gosford.

Those in attendance who wanted to submit additional information that could not be provided on the night were able to send written comments through in the days following the hearing and before independent reporting commenced.

The public hearings were facilitated by Micromex Research (Independent Chair), with technical and expert support provided by Council. The table overleaf provides the attendance summary.



Table 1: Public Hearing Attendance

| Hearing | Location Date | Facilitated by Recorded by | Council Assistance | Community Attendees |
|---------|------------------|-------------------------------|---|------------------------|
| 1 | Erina 8 May | Mark Mitchell Laura Beard | Chris Barrett (CP) Scott Duncan (LPP) John Lowrie (CP) Tiffany Spee (CP) Rachelle Hardaker (LPP) Chelle Leith (LPP) Sarah Hartley (LPP) | 58 |

CP refers to 'Commercial Property', and LPP refers to 'Local Planning and Policy' departments within Central Coast Council.

Despite targeting specific sites at separate sessions, the hearings followed a consistent structure and agenda:

1. The independent chair opened the meeting by outlining the purpose and procedures for the public hearing.
2. Council officers delivered a presentation explaining the Planning Proposal and reclassification processes, and outlined the intent and reasons for sites under consideration for reclassification.
3. Registered speakers were brought forward and an open discussion was permitted for public comment, feedback and questions for each site under consideration.

The hearing agenda for both sessions followed the structure set out in Table 2.

Table 2: Public Hearing Agenda

| Agenda Item | Speaker |
|---|-------------------|
| 1. Open meeting and introduction | Chair |
| 2. Acknowledgement of Country | Chair |
| 3. Public Hearing guidelines | Chair |
| 4. Process Reclassification | Council |
| 5. Outcome sought | Council |
| 6. Planning Proposal objective | Council |
| 7. Timeline | Council |
| 8. What's next | Council |
| 9. Current status | Council |
| 10. Sites included | Council |
| 11. Property strategy | Council |
| 12. Community feedback/discussion/ questions on sites | Chair and Council |
| 13. Summary and close | Chair |



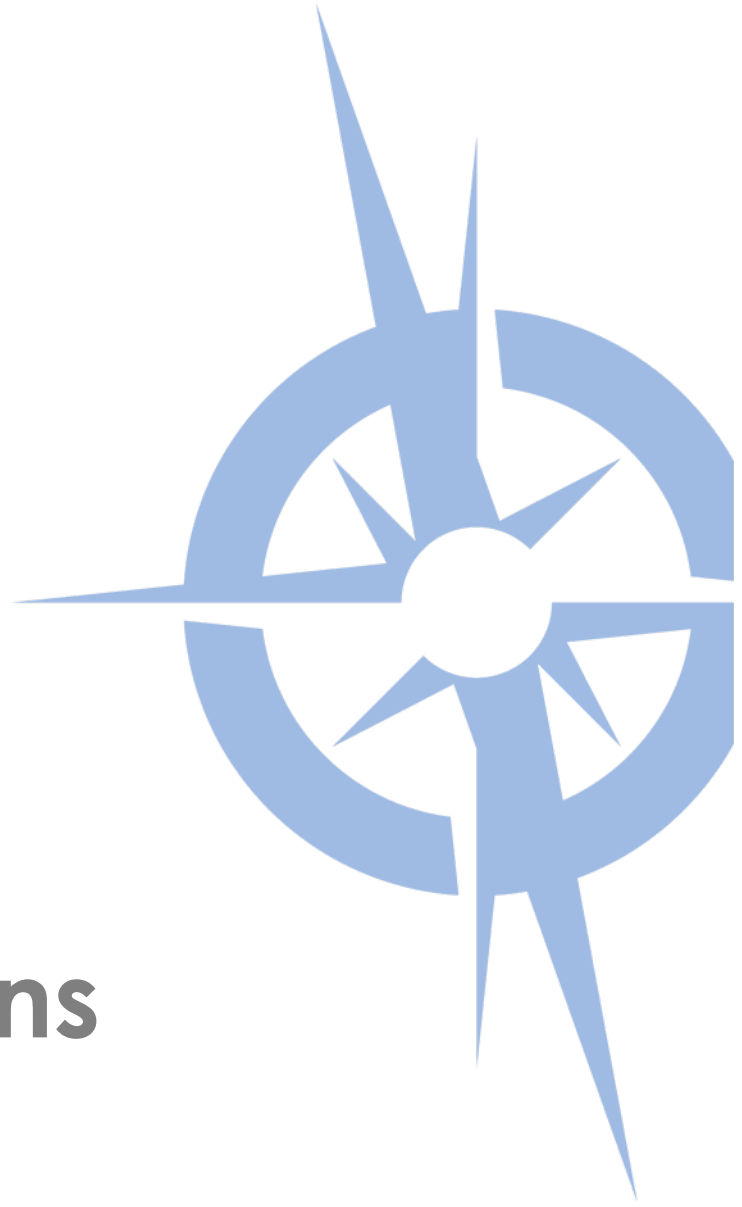
Response Summary – Public Hearing 1

The discussion was almost entirely focused on the Gosford Bowling Club site at 18 Dane Drive, Gosford and the potential reclassification of that public land from community to operational use.

Some of the key points raised included:

- The importance of the Bowling Club as an accessible recreational facility for various groups like the visually impaired, disabled, elderly, schools etc.
- The community benefit, particularly physical, mental and social benefits.
- Concerns about losing green/open space in Gosford due to increasing urbanisation and development.
- Questions around the council's decision-making process, statutory trusts on the land, the role of the Administrator pushing this through before the elected council takes over, etc.
- The history of the land, with the bowling club purchasing part of it previously and donating it as an extension to the park.
- General opposition from the community members present to reclassifying the land that hosts the long-standing Bowling Club facilities.





Site Discussions

Site 1: 18 Dane Drive, Gosford

Context

The image below provides a short summary of the details/plans for 18 Dane Drive Gosford.

Image 1: 18 Dane Drive



ACQUISITION DETAILS

In 1936, Council purchased land "alongside Waterside Park" for 175 Pounds from the "Railway Department". In 1951 an area of Grahame Park is added to the Bowling club land. In 1952 Council acquires part of Lot 3 Section 7 for the construction of Bowling greens. In 1958 a further area of Grahame Park is added to the Bowling club land for car parking and access

CURRENT USE OF THE LAND

Council leases the premises to the Central Coast Leagues Club and the Gosford Bowling Club is provided access to this site by the Club.

REASON FOR RECLASSIFICATION

To support the Gosford waterfront and stadium revitalisation initiative by providing increased flexibility for potential future uses.

Key themes

All speakers at the first hearing opposed reclassifying 18 Dane Drive from Community Land to Operational Land. The themes that emerged during the hearing/in subsequent submissions include:

Caters to all abilities

Attendees explained that this facility uniquely serves the recreational needs of the disabled, visually impaired and ageing community in an accessible and inclusive manner. Sub-themes are summarised below:

- A unique bowling club facility in Australia for those with disability, vision impairment, older community members
 - The Gosford Bowling Club is highlighted as the biggest bowling club for blind and low vision people in Australia.
 - The Bowling Club welcomes and integrates people of all abilities through its "all-ability bowls" program.

- It caters to groups such as those with Down Syndrome, acquired brain injuries, and disability service providers like Coastlink and Life Without Barriers.
- Some visually impaired members travel independently via public transport from distant suburbs (such as Pennant Hills) to attend the Club.
- A safe haven
 - It provides a safe, easily accessible space for visually impaired and intellectually disabled bowlers to participate in physical activity and be a part of safe social settings.
- Accessible by public transport
 - The Club's proximity to public transport (trains, buses) is cited as a key factor enabling access for visually impaired and disabled members who cannot drive.
 - With increasing high-density housing, the Club provides an accessible recreational outlet for elderly residents who may have mobility limitations.
- Social inclusion/mental health
 - Allowing people with disabilities to be part of a community and make friends.
 - The Club is portrayed as a model for promoting inclusivity at the grassroots level, which they believe the council could learn from.
 - For many disabled, vision-impaired and elderly members, the Club provides crucial social connections that help prevent isolation and loneliness.
 - Attendees highlighted how the Club promotes mental wellbeing through socialisation, having an activity/hobby, and being part of an inclusive community.
 - For some members, the Club is "the only thing that has kept me going" and gives a sense of purpose.
- Benefits of physical activity (see Appendix 2 for articles provided to support physical benefits)
 - Allowing elderly members, including centenarians, to remain physically active.
 - The Bowling Club provides opportunities for outdoor physical activity and exercise, which is vital for maintaining a healthy lifestyle, especially in retirement.
 - Increases level of fitness which is important for self-esteem, confidence and resilience.
 - The Bowling Club provides a venue for school sports competitions and allows children to participate in the non-contact sport of lawn bowls. Currently the Club supports 8 local high schools for school sport and district competitions.

Development considerations

Attendees discussed the importance of the bowling greens as a limited green space in an area that is becoming densely populated, with the growing population only increasing the need for this recreational space.

- With more high-rise apartments being built in Gosford, there are fewer green spaces and recreational areas available for residents.



- The importance of maintaining a balance between urban development and recreational/ community spaces.
- The removal of the Bowling Club challenges Council's 'Green Grid Plan' to acquire open space and reduce heat effects.
- An attendee mentioned previous council flood studies showing parts of Gosford, including the Bowling Club area, being inundated by rising water levels, questioning the relevance of rezoning plans.
- Other alternative locations to consider
 - It was mentioned in a follow up submission that there are better options than the Bowling Green to consider for the Waterfront extension. Such as the vacant land on the corner of Baker Street and Georgiana Terrace that has better views, substantial in size and access to the waterfront

Council Motives

Attendees questioned council's motives and processes, concerned that financial motives are put above the importance of this facility for the community and legal considerations around reclassifying public land.

- Concerns about the timing of the rezoning process being rushed through before the Council elections in September.
 - *Response: Council responded that they were instructed to start this project as per the timeline and gave an explanation on the process.*
- Doubts about council's claims of the land being underutilised and needing a "higher purpose".
- Concerns about the council not adequately responding to community input or following their own Central Coast Disability Inclusion Action Plan 2021-2025.
- Calls for the council to prioritise community interests over perceived financial motives in rezoning decisions.

Legal considerations

- Questions about whether the council has properly investigated if there is a statutory trust applied to the land, which could prevent rezoning.
 - *Response: Council explained that they have not been able to discover any statutory trust. They have been through an extensive process conducted by a reputable legal search team and nothing has been disclosed at this time. Council stated that this is an open process, they are interested in what the community discovers and will take into account what is brought to their attention.*
- One speaker raised concerns that if the reclassification is challenged, it could lead to the matter being taken to the NSW Supreme Court.
- Statement that Gosford Bowling Club had purchased part of the land (Lot C Section 7 Holden Street Gosford, now known as Dane Drive) and donated to Council as part of an extension to Grahame Park in 1953 (Meeting Minutes provided by a speaker are attached in Appendix 1).
 - *Response: The minutes were accepted by Council for further investigation.*



Site 2: 49-51 Mann Street, Gosford

Context

The image below provides a short summary of the details/plans for 49-51 Mann Street, Gosford.

Image 2: 49-51 Mann Street



ACQUISITION DETAILS

At its meeting on 1 July 1975 Gosford City Council resolved to apply to the Department of Lands for closure of the section Henry Parry Drive for consolidation with "the new Administration building." Lot 1 DP 251476 was vested in Council when the section of road was closed (gazetted 5 March 1976).

CURRENT USE OF THE LAND

Land is currently part of the Administration building landholding.

REASON FOR RECLASSIFICATION

This small sliver of land was inadvertently omitted from the recent reclassification of land to support sale of the former Council chambers at Gosford to TAFE.

Discussion

Attendees were asked if they had any comments or questions on the site above and only one member of the community made a comment.

One speaker raised concerns about the lack of transparency surrounding a parcel of land at 49-51 Mann Street in Gosford, which is currently classified as community land. This long strip parallel to Henry Perry Drive prevents the sale of the Gosford Council Chambers.

The speaker said that Council implies that they will sell the land to TAFE NSW, but they do not mention that there's a current resolution with Central Coast Council that all of that land can be sold privately if the state government does not purchase it.

The speaker urges residents to question council candidates about their plans for this land in the upcoming September 14th elections, noting the classification can still be reverted by future councils unless it is sold.

No further comments were made on this site.



Site 3: 2-4 Park Road, The Entrance

Context

The image below provides a short summary of the details/plans for 2-4 Park Road, The Entrance.

Image 3: 2-4 Park Road



ACQUISITION DETAILS

Taylor Park, which includes the oval, the band hall and bowling club premises, was transferred to Council ownership in 1927 by Albert Taylor, Austin Taylor and Adelia Denning for 1 pound.

CURRENT USE OF THE LAND

Site wholly occupied by the Entrance Bowling Club (The Greens). Facilities currently undergoing rebuild following a fire and subsequent demolition.

REASON FOR RECLASSIFICATION

To enable rebuilding of The Greens Bowling Club, either via sale or long-term lease.



ACQUISITION DETAILS

Land was sold in fee simple to Council on 2 August 1957 by Charlotte Essie Wilson for 100 Pounds (transfer dated 6 June 1957).

CURRENT USE OF THE LAND

Site wholly occupied by the Entrance Bowling Club (The Greens). Facilities currently undergoing rebuild following a fire and subsequent demolition.

REASON FOR RECLASSIFICATION

To enable rebuilding of The Greens Bowling Club, either via sale or long-term lease.



Discussion

One speaker raised concerns about the lack of clarity regarding the reclassification of the land parcels and the potential sale or lease of the land to neighbouring properties, emphasising the need for the council to prioritize the interests of the residents and obtain a fair price if the land is sold.

There are two lots of land at the entrance, and the council documents mention that parts of these lots will be reclassified, but for the speaker it is unclear which specific parts.

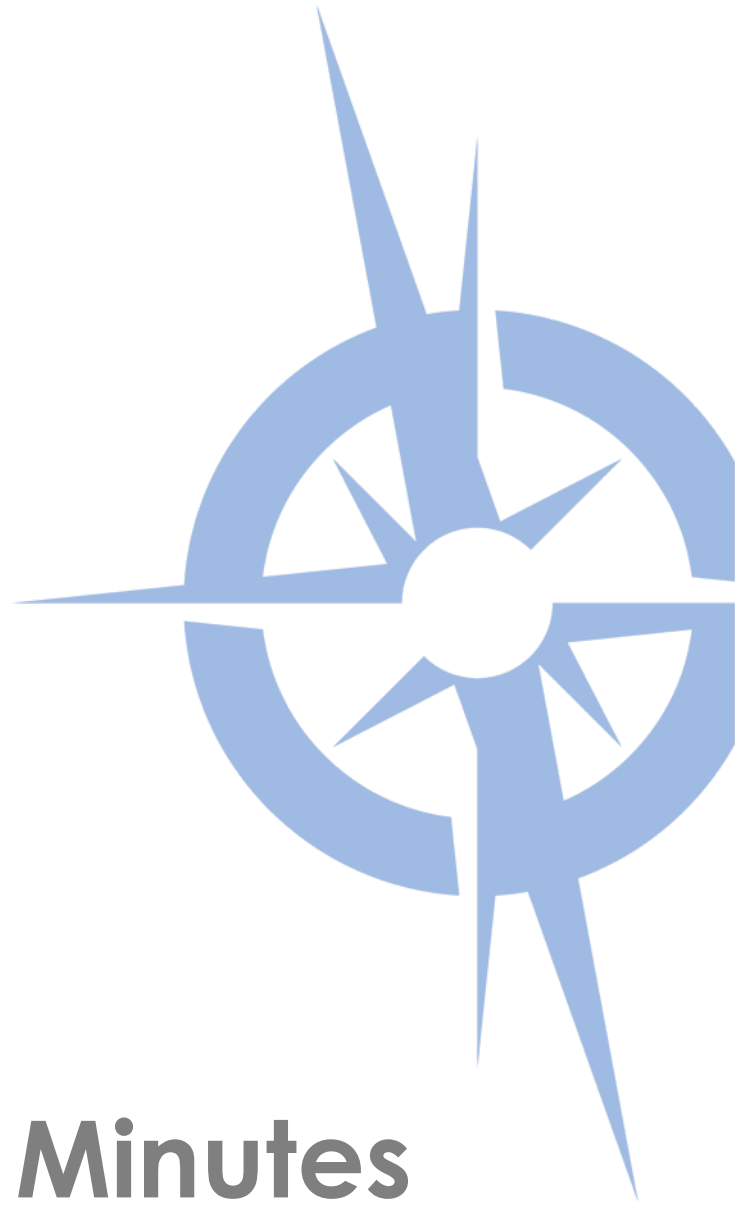
- The speaker mentioned that council is considering either a long-term lease or a sale of these land parcels. If the council decides to sell the land, the speaker likened it to a resident wanting to acquire some neighbouring land, for which they would pay a premium.
- The speaker hopes that the council will act in the best interest of the residents and charge a premium price if they sell the land.

No further comments were made on this site.

General Discussion

- One speaker questioned why 33 minutes was taken up at the beginning of the public hearing to provide information that most already knew.
- The speaker asked other attendees to raise their hands if they wanted all sites in question reclassified from community land to operational land. Only two people raised their hands.
- The speaker then asked who wanted all the sites retained as community classified land. A large majority of attendees raised their hands.
- The speaker requested that the facilitator (Chair) clearly record in the report that only two people wanted the sites reclassified to operational, while the vast majority wanted them retained as community land (one remained neutral).
- However, when the Chair asked how many had read up on the details of all ten land parcels, only one person raised their hand.
- The Chair thanked everyone for their engaged participation.





Appendix 1: **1953 Meeting Minutes**

Submission to Support Objection

Image 4: Meeting Minutes

ORDINARY MEETING - 41 - 16th November, 1953.

SHIRE OF GOSFORD

THE COMMITTEE RECOMMENDS that the letters be received and the Engineer's recommendations be adopted.

39A. GOSFORD BOWLING CLUB 7/11/53

With reference to negotiations commenced by Council in 1950 on behalf of the Club for the acquisition of certain land in Holden Street for the purpose of the extension of Grahame Park and the construction of a bowling green thereon, submitting the following proposal:

1. That Council accept from the Club Lot C, Section 7, Holden Street, Gosford, to be dedicated as an extension of Grahame Park. (This property was that owned by Mrs. Ranyard with whom the Club has completed arrangements for the purchase of another property in exchange for her Lot C.)
2. The Council to grant the Club permission to construct a bowling green over Lots B and C, Holden Street, together with approximately 22 feet of the present north eastern boundary of Grahame Park. This will bring the proposed new green in line with the southern boundary of the old green and the land asked for is not used by any other sporting body or the public.
3. Council to transfer to the Club Lot 1, Melbourne Street, in exchange for Lot C, Holden Street for the purpose of the re-erection of the cottage and its ultimate disposal and recoupment of a small portion of the members' outlay.

Stating that the Club has raised an overdraft of £6,000 by way of Guarantors for the purpose outlined, and considers that by the time the green is completed and essential improvements to the Clubhouse have been carried out the amount raised will be fully expended, and by granting the request the members of the Club will be privileged to expend £8,000 in a period of less than three years for the benefit of the sport, Council, town and district.

The Engineer reports: "The area referred to by the Bowling Club includes Lot B, Section 7, Holden Street, Gosford, owned by Council; Lot C, Holden Street recently purchased by the Bowling Club; and a strip of Grahame Park 22' wide adjacent to the southern boundary of Lot C. The section of the Park included in the application does not encroach on any portion of the area used by the general public, and will not be closer than about 40 feet to the present masonry gateway. In 1948 Council approved of a far larger area in the same corner of the Park being made available to the Bowling Club, but this proposal was not continued with."

The Shire Clerk reports: "I recommend that Council approve of the proposal submitted by the Club, and that Mrs. Ranyard's property be transferred direct to the Council and the Council transfer the allotment requested to the Bowling Club upon which Mrs. Ranyard's cottage will eventually be re-erected. It is also recommended that, after Mrs. Ranyard vacates her cottage in Holden Street, the occupier of Council's property adjoining, Mr. Gleddon, be asked to vacate that property and to occupy Ranyard's house until such time as Mr. Gleddon's house is erected on land of the Council in Melbourne or Wells Street, whichever allotment is decided upon. This will then clear the two cottages from the Park and enlarge it to the size required by the Bowling Club. It is also recommended that the necessary documents be signed and sealed."

THE COMMITTEE RECOMMENDS that the letter be received and the Clerk's report be adopted, and the necessary documents be signed and sealed.

39A. GOSFORD BOWLING CLUB 7/11/53

Applying to hire Council's small grader for the purpose of grading an area in front of the Clubhouse, stating that when graded the area will be gravelled by the Club, and after the gravel has consolidated the Club would like Council to carry out the tar sealing at the Club's expense. The Engineer reports: "The hire of Council's small grader to re-form the driveway in front of the Club building is £1. This includes operator's wage. Following the graveling of the driveway by the Club, the cost of surfacing with bitumen will be £11.5.0."

THE COMMITTEE RECOMMENDS that the letter be received and the Engineer's report be adopted, and the work be carried out when cost is paid.

This is Page 41 of the Minutes of the Ordinary Meeting of the Council of the Shire of Gosford, held on 16th November 1953.

W. Bowler
Shire Clerk

W. S. Graham
President

Date 21 DEC 1953

G.C.F. 40/11/53



Appendix 2: Supporting Articles

Submission to highlight the importance of physical exercise and social contact for the physical and mental wellbeing of those with a visual impairment

Research Articles. Exercise and Visual Impairment.

Physical Activity and Quality of Life in People With Visual Impairments: A Systematic Review.

Eduardo L. Caputo, Rafael B. Porcellis da Silva. *Journal of Visual Impairment & Blindness*.
Volume 116, Issue 1. June, 2022.

Abstract

Objective: This systematic review aimed to investigate the relationship between physical activity and quality of life (QOL) in people with visual impairments.

Methods: Electronic searches were performed in PubMed, SPORTdiscus, CINAHL, Embase, and Web of Science. **Observational** studies describing the relationship between physical activity and QOL in adults with visual impairments were included. The Newcastle-Ottawa Scale (NOS) adapted for cross-sectional studies was used to assess the quality of the studies.

Results: Overall, 327 studies were identified, and eight met the inclusion criteria. All studies had cross-sectional designs and seven were performed in developed countries. Physical activity was assessed objectively by one study, and five studies used the International Physical Activity Questionnaire. The World Health Organization Quality of Life Questionnaire was the most used instrument to measure QOL. Six studies reported a positive relationship between physical activity and **QOL domains**, as follows: **life satisfaction, activity limitation, fair or poor health, physically and mentally unhealthy days, psychological health, and overall QOL.**

Conclusion: People with visual impairments who are engaged in physical activity are more likely to have better QOL outcomes.

In 2010, there were approximately 32.4 million people with blindness and 191 million people around the world with low vision (i.e., moderate or severe visual impairment) ([Stevens et al., 2013](#)). Regarding physical activity levels, people with visual impairments engage less in physical activities compared to people who are sighted ([Marmeleira, Laranjo, Marques, & Pereira, 2014](#); [Sadowska & Krzepota, 2013](#); [Van Landingham, Willis, Vitale, & Ramulu, 2012a](#); [Willis, Jefferys, Vitale, & Ramulu, 2012](#)). Furthermore, there is a clear correlation between physical activity and visual acuity: the lower the visual acuity, the lower the level of physical activity ([Demirturk & Kaya, 2015](#); [Houwen, Hartman, & Visscher, 2009](#); [Willis, Jefferys, Vitale, & Ramulu, 2012](#)).

People with visual impairments report several barriers to engaging in physical activity, such as lack of opportunities (physical activity programs adapted to specific needs), safety, motivation, trained professionals, human guides, and equipment ([Greguol, Gobbi, & Carraro, 2015](#)). Additionally, the negative effect of visual impairment on QOL (e.g., more barriers to take part in some daily activities or to get a job) is higher than that observed in people with other health issues, such as those who are deaf or hard of hearing ([Langelaan et al., 2007](#)).

The associations between QOL and visual impairment and physical activity and visual impairment show a similar pattern. People with visual impairments reported low QOL scores in comparison to people with no visual impairments ([Chadha & Subramanian, 2011](#); [Chia et al., 2004](#); [Masaki, 2015](#)). Similarly, for people with visual impairments, the lower the visual acuity, the lower the QOL scores ([Chia et al., 2004](#); [Kawashima et al., 2016](#); [Ofeibea Amedo, Adade, Yaa Koomson, & Appenteng Osae, 2016](#)).

Therefore, two main issues should be emphasized. **First, physical activity is strongly related to positive health aspects, including physical and mental health, well-being, and QOL** ([Bauman, 2004](#)). Second, it is important to understand the degree to which physical activity affects the lives of people with visual impairments. Thus, the aim of this systematic review was to investigate the relationship between physical activity and QOL in people with visual impairments.

Abstract

Background. Low vision (LV) has a significant negative impact on the activities of daily life as well as on the psychological health of patients. **Objectives.** The objective of this study is to investigate psychological, clinical, and demographic factors that may **impact the daily functionality of patients with LV.** **Methods.** A convenience sample of 53 patients, meeting the WHO criteria for LV, was recruited. Questionnaires on daily functionality, depression, and life orientation (in terms of optimism/pessimism) were administered along with a semistructured personal interview. **Key Findings.** The main results revealed a **significant negative correlation between daily functionality and depression** (,). Conversely, there is a **positive correlation between daily functionality and visual acuity** (,), while years since diagnosis were negatively correlated with depression (,). Depression seems to be a moderate predictor of a person's daily functionality (,), followed by visual acuity (,), explaining the 31.1% of the total variance. **Conclusions.** The study supports a correlation between daily functionality and both depression and visual acuity. Optimism as a personality characteristic did not factor into the prediction model for daily functionality, but it showed a strong correlation with lower levels of depressive symptoms. This highlights the potential for developing coping strategies for chronic disease management. **Recommendations.** The study could serve as a useful guide and may urge clinicians to pay attention to the psychological evaluation of these patients, supporting their unique emotional needs. Mental health professionals can use patients' positive resources to provide appropriate counselling and embrace the coping skills that encourage their engagement in activities of daily life.

Individuals with LV are more likely to experience limitations in daily functionality, independence, mobility [4, 5], and educational achievements, having also increased risk of falls, fractures, injuries, poor mental health, and social isolation [6], and the quality of life (QoL) is generally poor [1]. More specifically, LV affects patients' independent lives and affects many daily activities such as reading, socializing, engaging in hobbies [7], eating, dressing, shopping, financial and medication management, and driving [7–9]. LV is significantly associated with self-reported difficulty with walking or climbing steps [10] and a higher risk of increased falls [11] due to the related changes in visual acuity, visual fields, depth perception, contrast sensitivity, and poor dark adaptation [12–15]. LV has been also associated with an increased risk of fractures in multiple studies, while in one study, reversing visual impairment from cataract protects 67% from fractures [16]. Regarding poor QoL, there is strong evidence that it is related to the severity of LV disease (glaucoma, cataract, age-related macular degeneration, and strabismus) [17–22], while ocular diseases that primarily affect peripheral vision such as glaucoma seem to have a greater impact on QoL [23]. However, a systematic literature review highlighted that both types of vision loss (central and peripheral) were associated with similar levels of QoL decrease, which “might be a function of the pathology of diseases” [24]. A recent meta-analysis concluded that LV rehabilitation interventions may improve the QoL related to vision, mainly through psychological therapies and methods of enhancing vision [25].

Conclusions:

The present study supports that the overall attitude of people with LV is significantly related to psychological status and perception of their general vision and health status along with demographics. It appears that depression and specifically the factor of “positive affect” along with visual acuity may predict levels of functionality in daily life. Although optimism was strongly correlated with fewer depressive symptoms, it was not related to daily functionality. Older age is associated with pessimism, though patients appear to have a more optimistic attitude the longer they have been diagnosed. Although visual acuity is an objective measure of visual impairment, it may not always reflect the special background, needs, and impacts that may vary among affected individuals, so for the same visual acuity, the impact of the loss of vision may vary. Hence, the use of questionnaires may better correlate with the psychological condition and daily functionality, providing insight into the individuals' special needs.

Loneliness, adaptation to vision impairment, social support and depression among visually impaired elderly. P.F.J. Verstraten a, W.L.J.H. Brinkmann b, N.L. Stevens c, J.S.A.G. Schouten. *International Congress Series. Volume 1282*, September 2005, Pages 317-321. **(Observational study).**

Abstract: The purpose of this study is to investigate the prevalence of loneliness among visually impaired elderly, and its relations with adaptation to vision loss, received social support and depression. Clients aged 55 years or older who contacted Sensis, a rehabilitation centre for visually impaired people, are approached to take part in this observational study. Exclusion criteria are hearing and cognitive impairments. The participants receive an interview by telephone in which loneliness, adaptation to vision loss, received social support and depression are investigated. The results indicate a high prevalence of loneliness (54%) among visually impaired elderly. Compared to visually impaired elderly who are not lonely, the lonely ones show a **poorer adaptation to vision loss** (mean = 22.7 (S.D. = 6.79) versus mean = 27.8 (S.D. = 5.32); $t = 6.08$ (194.84); $p = .000$), less received social support (mean = 26.3 (S.D. = 5.99) versus 29.4 (S.D. = 4.95); $t = 3.30$ (136); $p = .001$) and **more feelings of depression** (mean 12.9 (S.D. = 6.46) versus mean = 6.7 (S.D. = 4.11); $t = -6.41$ (107.28); $p = .000$). Causality cannot be determined on the basis of this observational study. Nonetheless, regarding the high prevalence of loneliness among visually impaired elderly, interventions aimed at reducing this loneliness seem to be highly indicated.

Introduction: The purpose of this particular study is to investigate the prevalence of loneliness among visually impaired elderly, and its relations with adaptation to vision loss, received social support and depression. This study is the observational part of a larger study concerning an evaluation of the effect of a friendship enrichment program, in addition to regular rehabilitation care on reducing loneliness among visually impaired elderly.

Participants:

New clients applying for professional help from either one of the two participating Sensis rehabilitation centres for the visually impaired in the southern part of the Netherlands were approached to take part in this study. Inclusion criterion was age 55 or over. Exclusion criteria were severe cognitive problems and severe hearing impairment, since data were collected by telephone interviews. Both exclusion criteria were evaluated at the beginning of the telephone interview.

Loneliness:

Loneliness was determined with the Loneliness scale. This scale is known to provide a global index of loneliness and has been used in several surveys in which it has proven to be reliable and valid [1], [5]. The scale also allows us to look separately at the two subscales regarding social loneliness and emotional loneliness [6]. The results indicate a high prevalence of loneliness (54%) among visually impaired elderly. This means that those people had a score of 3 or higher on the loneliness

Discussion: Compared to visually impaired elderly who are not lonely, the lonely ones show:

**poorer adaptation to vision loss*: mean = 22.7 (S.D. = 6.79) versus mean = 27.8 (S.D. = 5.32); $t = 6.08$ (194.84); $p = .000$;

**less received social support*: mean = 26.3 (S.D. = 5.99) versus mean = 29.4 (S.D. = 4.95); $t = 3.30$ (136); $p = .001$; and

**more feelings of depression*: mean = 12.9 (S.D. = 6.46) versus mean = 6.7 (S.D. = 4.11); $t = -6.41$ (107.28); $p = .000$.

Loneliness in young adults with a visual impairment: Links with perceived social support in a twenty-year longitudinal study. Eline C.M. Heppe, Sabina Kef 1, Marleen H.M. de Moor 1, Carlo Schuengel 1. Research in Developmental Disabilities. [Volume 101](#), June 2020, 103634.

Considered:

- *Trajectories of social support of young adults with VI in relation to loneliness are studied using a longitudinal design.
- *Perceived parent support decreased and perceived peer support first increased and later decreased over time.
- *Adolescents with little peer support at T1 and those with the most rapid decline, reported most loneliness later in life.
- *No association was found between perceived parent support and loneliness later in life.
- *Support is needed to foster and expand social networks of young people with VI, in adulthood and adolescence.

Abstract

Background: Young people with disabilities are more at risk of experiencing loneliness in later life than their typically developing peers.

Aim: To identify those who become lonely in later life, trajectories of perceived parent and peer support from adolescence to adulthood of young people with a visual impairment were studied.

Methods: A total of 316 adolescents ($M = 18$ years; $SD = 6.5$) enrolled in a cohort study in 1996; 205 of them participated in 2005, 178 in 2010, and 161 in 2016. Latent growth curve models were fitted to the data.

Results: Perceived parent support followed a linear decreasing course. No association was found between perceived parent support and loneliness in later life. For perceived peer support a quadratic growth pattern was found, with an increase in peer support up to age 27, and thereafter a decrease. Both the initial level and the rate of change in perceived peer support significantly predicted loneliness in adulthood.

Conclusions: The course of **peer support is a better indicator for the risk of loneliness in later life** than support from parents. Normative life transitions may affect the already vulnerable social support for young people with a visual impairment. This study highlights the importance of establishing and maintaining peer relationships throughout life.

This study highlights the importance of social support among young people with a visual impairment. This study adds evidence on the development of social support from both parents and peers during the transition from adolescence to adulthood and describes how variations in trajectories of perceived support are related to loneliness later in life. This study is based on a unique, national, community-based longitudinal cohort study covering over 20 years, which is relatively rare in the field of psychological research.

Determinants of social participation of visually impaired older adults: [Manna A. Alma](#), [Sijrike F. Van der Mei](#), [Johan W. Groothoff](#) & [Theo P. B. M. Suurmeijer](#). Open access article.

Purpose: To assess determinants of social participation among visually impaired older adults.

Methods: This cross-sectional study included visually impaired persons (≥ 55 years; $n = 173$) who were referred to a low-vision rehabilitation center. Determinants (i.e., sociodemographic, physical, social and psychological factors, and personal values) of participation were identified in four domains of participation: (1) domestic life; (2) interpersonal interactions and relationships; (3) major life areas; and (4) community, social, and civic life. Study participants completed telephone interviews.

Results: Age, physical fitness, and helplessness were determinants of participation in domestic life. Social network size was associated with participation in major life areas. The personal value attached to participation (i.e., perceived importance) was a determinant of participation in interpersonal interactions and relationships, major life areas, and community, social and civic life. Vision-related characteristics (i.e., self-perceived vision and degree of visual impairment) were not associated with participation.

Conclusions: Across the participation domains, perceived importance is a major determinant of social participation among visually impaired older adults. Physical health along with social and psychological status, also affect participation. Knowing how participation is determined can be used to develop rehabilitation interventions to enhance participation of visually impaired older adults.

Elderly Adults with Vision Loss Engage in Less Physical Activity. *Review of Optometry*. Jan. 2024.

Despite having a similar number of exercise sessions as their normally sighted counterparts, these periods of movement were more fragmented and shorter.

Routine physical activity is a well-established predictor of health and well-being, and its restriction is strongly correlated with an increased risk of morbidity and mortality. Vision impairment is significantly associated with physical activity restriction, with some studies **comparing its impact to that of stroke and other serious medical conditions**. Researchers at the **Wilmer Eye Institute at Johns Hopkins University School of Medicine** in Baltimore explored the impact of objective vision measures on novel metrics of objectively measured physical activity in US older adults. They found those with vision impairment spent less overall time engaged in physical activity, largely as a result of shorter (but not less frequent) bouts of activity. Their findings were recently published in *Ophthalmology Science*.

Among 723 individuals, sampled from 10,443,338 older adults in the US, 30% had any objective vision impairment. All participants were provided with an accelerometer watch, instructed to wear it on their non-dominant wrist, and keep it on 24 hours a day for a period of seven consecutive days. An active bout was defined as one or more consecutive active minutes. Activity fragmentation was defined as the probability of an active minute being followed by a sedentary minute, with higher values indicating more fragmented activity. Time until 75% activity was defined as the time taken to complete 75% of daily activity starting from their first active bout.

Any objective vision impairment was significantly associated with lower number of active minutes per day (7.8% fewer), shorter active bouts (7.0% shorter) and greater activity fragmentation, while no associations were found with number of active bouts. Time until 75% activity did not significantly differ between adults with any objective impairment and those without.

The researchers also noted that their data suggests that adults with worse distance and near visual acuity (VA) may be more active during the early morning hours, while adults with worse near VA may experience a decrease in activity in the afternoon. Similarly, adults with worse contrast sensitivity take more time to complete 75% of their activity. Nevertheless, the study also demonstrated a diminished reserve capacity in older adults with vision impairment and therefore a reduced ability to sustain activity throughout the day.

Abstract: For individuals with vision loss (IWVL), exercise is of primary importance to optimize their functional mobility, functionality and activities of daily living. Enhancing aerobic capacity and muscle strength through exercise prescribing can help improve independent living and quality of life for IWVL. The aim of this review is to emphasize the importance of aerobic and strength exercises for underserved IWVL population by summarizing the information that will guide the basic exercise programs to improve living conditions. General guidelines for aerobic and strength exercise training for the IWVL are outlined with relevant images to contribute to build an effective exercise prescription.

Introduction: VI may affect physical, cognitive, and psychological and social functioning, all important contributors to successful ageing (6). It is reported that individuals with vision loss (IWVL) demonstrate less developed motor skills, their quality of life and physical fitness levels tend to be lower than their sighted peers (7-12). They also have tendency to be overweight or obese and these problems are associated with a sedentary lifestyle (12). Reduced vision in older individuals is associated with falls and reduced performance in gait. Visual field impairment from glaucoma, contrast sensitivity, self-reported poor vision, impaired depth perception, presence of cataract and poor visual acuity are considerably related to falls, may affect gait and reduce mobility (13-17). Circadian disorders are frequent in the blind especially in those who have no light perception (19, 20). This may lead disturbances in sleep/wake behaviours, alertness, mood and performance (21). Proper and well-established fitness programs can be beneficial for improvements in quality of life (e.g., increased sleep efficiency, enhancing physical and psychosocial functioning) and contribute to motor skill proficiency as well as activity of daily living (ADL) for IWVL.

BACKGROUND: To our knowledge, no study has obtained specific estimates of depression for **young and middle-aged adults with visual impairment (VI)**. As estimates of depression varies across age groups in the general population, it is of interest to examine whether the same applies to adults with low vision or blindness.

AIM: To estimate depression prevalence and its association with VI-related characteristics and life satisfaction in adults with VI.

METHODS: A telephone-based cross-sectional survey was conducted between January and May 2017 in an age-stratified sample of adults who were members of the Norwegian Association of the Blind and Partially Sighted. Participants were asked questions about their sociodemographic characteristics, VI characteristics, and life satisfaction. Depression was measured with the Patient Health Questionnaire. The diagnostic scoring algorithm was used to calculate the point prevalence of depression (*i.e.*, major depression and other depressive disorders) across categories of gender and age (years: 18-35, 36-50, 51-65, ≥ 66). The associations were estimated using regression models.

RESULTS: Overall, 736 adults participated in the study (response rate: 61%). The prevalence estimates of depression varied across different age groups, ranging from 11.1%-22.8% in women and 9.4%-16.5% in men, with the highest rates for the two youngest age groups. Results from the multivariable models including sociodemographic and VI-related variables showed that losing vision late in life [Prevalence ratio (PR), 1.76, 95%CI: 1.11, 2.79] and having other impairments (PR: 1.88, 95%CI: 1.32, 2.67) were associated with higher rates of depression, whereas older age was associated with lower rates (PR: 0.83, 95%CI: 0.74, 0.93). Additionally, participants who were depressed had lower life satisfaction than those who were not depressed (adjusted β : -2.36, 95%CI: -2.75, -1.98).

CONCLUSION: Our findings suggest that depression in adults with VI, and especially among young and middle-aged adults, warrants greater attention by user organisations, clinicians, and healthcare authorities.

Core tip: Depression in people with visual impairment (VI) goes often unrecognized and untreated, yet knowledge about its occurrence can help to inform the design of mental health services targeting the specific population. The study's findings of a high rate of depressive disorders in adults with VI, particularly among young and middle-aged adults, should in part be interpreted in the light of the extensive stigma, discrimination, isolation, and loneliness that they experience. For depressed adults with VI, the consequences may be severe in terms of a lower quality of life.

Abstract: Loneliness is associated with depression, sleep disturbance, and an increased risk of cardiovascular disease, and it is a global public health problem. Since physical and mental health have a great impact on loneliness, middle-aged and elderly people who are blind or visually impaired may be more affected by loneliness. Previous research has confirmed that **effective social support** can enhance physical and mental health and alleviate the negative effects of life stress. Therefore, in this study, we applied a cross-sectional design where data were collected using questionnaires completed in person, by phone, or online for a total of 456 middle-aged and elderly people with visual impairment. We found that the enrolled participants who were unemployed, lacked a stable source of income, lived alone, or were unable to move independently were prone to experiencing high levels of loneliness and low social support, which highlights the necessity of interventions such as counselling to alleviate the sense of loneliness in such groups. During the COVID-19 pandemic, social support measures to reduce the sense of loneliness should be highly encouraged to ensure that middle-aged and elderly people with visual impairment can continue to live independently, and social support seems to be an important factor.

Discussion: According to the World Health Organization (WHO), at least 2.2 billion people globally have visual impairment caused by nearsightedness or farsightedness. The majority of people with visual impairment and blindness are over the age of 50 years [1,2,3], and population growth and aging are expected to increase the number of people developing visual impairment.

In the case of older adults, **visual impairment can contribute to social isolation, difficulty walking, a higher risk of falls and fractures, and a greater likelihood of early entry into nursing or care homes** [2,3].

Blazer (13) further stated that people who feel lonely have significantly higher rates of cardiovascular diseases, hypertension, depression, and mortality than those with intimate relationships [13,14,15].

Brunes et al. [17] found that 1/6 of visually impaired adults suffered from moderate or severe loneliness, suggesting that the prevalence of loneliness was consistently higher in people with visual impairment than in the general population of all ages [18].

The risk of loneliness is especially high in people between the ages of 36 and 50, those who have been bullied, physically or sexually abused, and who are blind or have other impairments [24].

The importance of the association between loneliness and social support in young people with visual impairment was reported in a longitudinal study, which found that perceived parental support decreased linearly from adolescence to young adulthood, while peer-friend support increased. Moreover, in middle-aged and older people, the support of similarly aged friends was a better indicator of the risk of loneliness in later life than parental support, emphasizing the importance of establishing and maintaining lifelong peer relationships [16].

Conclusions: This study found that middle-aged and elderly people with visual impairment tend to feel lonely and their social support level is low. Increasing social and family support may be an effective strategy to reduce loneliness. The above information shows the high incidence rate of loneliness among middle-aged and elderly people with visual impairment.

ASSOCIATION BETWEEN VISUAL IMPAIRMENT AND DEPRESSION IN THE ELDERLY Su-Ying Tsai,¹ Ching-Yu Cheng,² Wen-Ming Hsu,² Tung-Ping Tom Su,³ Jorn-Hon Liu,² and Pesus Chou J Formos Med Assoc **2003;102:86-90. China.**

Background and Purpose: Visual disturbances greatly influence daily activities and social activities of the elderly. The purpose of this study was to investigate the association between impaired vision and depression among the elderly in a metropolitan community. **Methods:** A population-based survey of eye diseases among subjects 65 years of age and older was conducted in Taipei between July 1, 1999, and December 31, 2000. A total of 2045 subjects were invited to participate, and 1361 (66.6%) participated in the survey. A structured questionnaire was used for door-to-door data collection. Interviewers also collected information on subjects' demographic characteristics, medical history, and from the Geriatric Depression Scale-Short Form (GDS-S). Those subjects who had been interviewed were invited to the hospital for detailed eye examinations, including best-corrected visual acuity measurement. **Results:** Among the participants, the prevalence of impaired vision (visual acuity less than 6/12 in the better eye) was 7.2% and the percentage with depression (GDS-S scores of ≥ 5) was 8.8%. Impaired vision [$p < 0.05$, odds ratio (OR) = 2.11], female gender ($p < 0.05$, OR = 2.03), cardiovascular disease ($p < 0.05$, OR = 1.72), and stroke ($p < 0.05$, OR = 2.85) were **significantly associated with depression** in multivariate analyses. Multiple logistic regression models were used to evaluate the impact of impaired vision on each depressive item of the GDS-S. After controlling for all other covariates, impaired vision was a positive predictor for the following 4 items of the GDS-S: elderly with impaired vision feel unhappy most of the time [OR = 1.73; 95% confidence interval (CI) = 1.01 to 2.88]; they do not think it is wonderful to be alive now (OR = 2.13; 95% CI = 1.21 to 3.64); they feel worthless the way they are now (OR = 2.23; 95% CI = 1.24 to 3.90); and they feel that their situation is hopeless (OR = 1.95; 95% CI = 1.03 to 3.52).

Conclusions: Visual impairment was associated with feelings of worthlessness and hopelessness in this community population of older adults. However, elderly people often ignore disturbances or impact associated with worsening vision. There is an ongoing need for public education regarding the need for elderly people to pay active attention to visual care in their later life.

Physical Activity in Older Adults With Visual Impairment. Nastasi, Julie Ann ScD, OTD, OTR/L, SCLV, CLA, FAOTA; Kenyon, Kaitlin OTR/L; Tirney, Devon OTR/L *Topics in Geriatric Rehabilitation* [38\(3\):p 215-224, July/September 2022.](#)

Abstract: Visual impairment presents challenges for older adults to participate in physical activity or exercise. The purpose of this collective case study is to explore how older adults with visual impairment participate in physical activity. Four older adults with visual impairment were recruited to participate in the study. Three out of the 4 participants were able to complete all rounds of the study prior to COVID-19 pandemic halting the study. Five themes emerged from the study: exercise to enhance health and well-being, occupations as activity, loss of participation, adaptation to vision loss, and motivation to stay healthy. The findings support the use physical activity to enhance overall health and well-being.